Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Γο Re	Filed	Bv.		•

L-3 LOBBYISTS (Sec. 67-6619)

Page	of	_Page(s)
THIS	SPACE FOR OFFICE	USE ONLY

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STATE OF IDAHO

		pe or print clear									STATE OF	Or S IDAI	IATE		
See instructions at bottom of page Lobbyist's name and permanent business address							Date prepared				Perio	Period covered			
Jo An Condie												month ending			
1015 West Hays Street												A			
Boise, Idaho 83702							-		March 4, 2	2008	'	(Mo.) (Day) (Yr.)			
											0	2	29	2008	
Item 1	Total	s of all reportal	ble expendit	ures made o	r incurred	by Lobb	yist or	bу	Lobbyist's Empl	оуег	on behalf of Lo	byist's	Employ	yer.	
Kethindraed Leisviller Flam and Hator					ortionate amounts contributed by each employer (Identify employers, under 3, at bottom of page.)					der					
	Not Have to		711 21		Emplo	l Employer No. 2		Employer No. 3		Employer No. 4					
	inment nd Refreshm	ent	s		s		_ :	s _		\$		_ s _			
Living	Accommodat	tions						_	·	_		_ _			
Advert	ising									_		_ _			
Travel								_		_	***	- _			
Teleph	one			0.00		0.0	00		0.00	_		_			
Other 1	Expenses or S	Services					_	_		_					
				<u></u> -								+			
		Total	s	0.00	s	0.0	90	s _	0.00	\$	0.00	<u>'</u> s _		0.00	
Item 2	The totals o	feach expendi	ture of more Place		ollars (\$50)		gislato	r, oi	ther holder of put Names of Legis		office, and execu , Public and Exec			in Group	
	Continued on	attached page(s))]		ı							
INSTRUCTIONS							Item 3	•	Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						on !	No. 1 Idaho Cable Telecommunications Association PO Box 1145. Boise, ID 83701-1145								
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.						f the	No. 2 Idaho Consumer-Owned Utilities Association 1015 W. Hays Street, Boise, ID 83702								
TO BE FILED WITH: Ben Ysursa Secretary of State							No. 3								
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No. 4								

Item 4				lator, Public or Executive O	ist's employer in the nature of contributions of money or other tangible or intangible ive Official or for or on behalf of any Legislator, Public or Executive Official.						
Item 5	Date Amount Subject matter of proposed legisl or House Bill, Resolution or oth the Lobbyist was supporting or		of proposed legislat Resolution or other was supporting or op esolution or Other tive Ident. Number	islation, the number of the Senate ther legislative activity in which or opposing. Cac Ottor		LEGISLATIVE SUE Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics	BJECT IDENTIFICATION Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals				
O			HB 543			and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas			
6	pid or l		ss, financial service	sion, procurement, contract, s or bond lobbyist was	-	CERTIFICATION: 1 hereby certify correct statement in accordance w	ith Sect				